

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 10736115	Filing Date		
							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	*	*	*	*
1	/					51	Indep	Depend	Indep	Depend
2	/					52				
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48						98				
49						99				
50						100				
Total Indep	2					Total Indep				
Total Depend	10					Total Depend				
Total Claims	12					Total Claims				

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